

ATTENTION DEPUTY SHERIFF: Please serve this document on LAURA HENDRIX who is presently located at BAPTIST HOSPITAL DESOTO (ROOM 829). You should TAKE AND LEAVE him/her at Batesville or Corinth Crisis Center, if available, otherwise to the DESOTO COUNTY JAIL. Then sign this copy and fill out the lower portion of this page and return this copy to the Chancery Court Clerk.

IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

In Re: LAURA HENDRIX, RESPONDENT

Cause # 21-CV-1645

WRIT TO TAKE CUSTODY

To the Sheriff of DeSoto County:

An Affidavit having been made alleging that one LAURA HENDRIX, now in your County, is in need of emergency treatment as an alcoholic or drug addict, you are hereby ordered to immediately take said Respondent into your custody and to detain him/her at Batesville or Corinth Crisis Center, if available, otherwise to the DESOTO COUNTY JAIL until (s)he can be brought before the Court for a determination as to whether or not (s)he should be committed immediately to the Mississippi State Hospital as an alcoholic or drug addict. You shall report hereon your compliance herewith and file same with the Clerk of this Court.

Given under my hand and official seal, this the 25th day of August, 2021, at 12:52 P.M.

H. R. Garner
SPECIAL MASTER

Custody Taken: Aug. 25, 2021, at 14:00 (AM) (PM)

Delivered to: Desoto County Jail
At 1430 (AM) (PM) Aug 25, 2021.

Persons present at time and place of taking custody (preferably relatives)

NAME

ADDRESS

DOB: [REDACTED]
SSN: UNKNOWN
RACE: WHITE
SEX: FEMALE

By: Bill Rasco
(Sheriff)
M. J. [Signature] 0947

FILED
AUG 26 2021
MISTY HEFFNER, CLERK

Exhibit A

Region IV
Mental Health Services

Charlie Spearman, Sr.
Executive Director

Administrative Services
303 North Madison Street
P. O. Box 839
Corinth, MS 38835-0839
(662) 286-9883
Fax (662) 284-9836

DeSoto County
Adult Services
2705 Highway 51 S.
P.O. Box 427
Hemando, MS 38632
(662) 449-1971
FAX (662) 449-1974

DATE: 8-25-21

TO: Chancery Court
Fax: (662) 429-8308

FROM: Catherine Davis
Region IV Mental Health Services

RE: Laura Hendrix (Cause # 21-W-1645)

A WRIT is needed on Laura due to:
her repeated alcohol use which makes
her a danger self and others
He/She should be taken to DeSoto County Jail to be held during the
commitment process.

Sincerely,

Don Smith
Region IV Mental Health Services

FILED
AUG 25 2021
MISTY HEFFNER CLERK

IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI
THIRD JUDICIAL DISTRICT

IN RE: LAURA HENDRIX

CAUSE NO. 21-CV-1645

UNIFORM ALCOHOL & DRUG COMMITMENT AFFIDAVIT UNDER MCA §41-32-3

COMES NOW Phyllis Buchanan, relative and/or interested person, residing at [REDACTED]
[REDACTED] telephone number [REDACTED] duly sworn and deposed, says
the following to be true and correct to the best of my knowledge and belief:

LAURA HENDRIX is a person, I allege to be an alcoholic or drug addict, is a resident of
this State, and because of his/her alcoholism or drug addiction:

- X Is incapable of or unfit to look after and conduct his/her affairs; OR
- X Is dangerous to him/herself or others; OR
- X Has lost the power of self-control because of periodic, constant or frequent use of
alcoholic beverages or habit-forming drugs; AND

That he/she is in need of care and treatment and this his/her detention, care and treatment
at an institution will improve his/her health. Their nearest relative, if known, Phyllis Buchanan,
who resides at [REDACTED] telephone number [REDACTED].

Factual descriptions of recent behaviors, witnesses, and where and when it occurred, if
known: RESPONDENT HAS A HISTORY OF DRUG/ALCOHOL ABUSE FOR THE PAST
SEVERAL YEARS; RESPONDENT'S DRUG/ALCOHOL ABUSE CAUSES EXTREME
MOOD SWINGS; RESPONDENT IS CURRENTLY AT BAPTIST DESOTO DUE TO
MEDICAL ISSUES RELATING TO ACUTE ALCOHOL INTOXICATION (BLOOD
ALCOHOL LEVEL 175); RESPONDENT PRESENTED AT THE ER - CONFUSED AND
PARANOID; TELE-PSYCHIC DOCTORS RECOMMENDED INPATIENT TREATMENT;
RESPONDENT IS PARANOID THAT PEOPLE ARE GETTING INTO HER PHONE AND
SENDING MESSAGES AND MAKING CALLS; GETTING INTO HER BANK ACCOUNT
AND TAKING HER MONEY; IN THE PAST HAS TALKED ABOUT DRONES
FOLLOWING HER AROUND; RESPONDENT IS EASILY ANGERED AND EXTREMELY
BELLIGERENT EVEN WHEN SHE ISN'T INTOXICATED; AFFIANT BELIEVES
RESPONDENT IS DIAGNOSED WITH DEPRESSION AND HAS BEEN PRESCRIBED

FILED

AUG 25 2021

ANTI-DEPRESSANTS; AFFIANT BELIEVES THAT RESPONDENT DOES NOT TAKE HER ANTI-DEPRESSANT MEDICATION AS PRESCRIBED; RESPONDENT IS SELF-MEDICATING WITH DRUGS/ALCOHOL; RESPONDENT ISOLATES HERSELF FROM FAMILY AND FRIENDS; SLEEP DISTURBANCES - NOT SLEEPING REGULARLY; DECREASE IN PERSONAL HYGIENE; RESPONDENT IS UNEMPLOYED AND IS UNABLE TO KEEP A JOB; RESPONDENT CANNOT MANAGE HER LIFE - NOT PAYING BILLS; DOES NOT PROVIDE MONETARY SUPPORT FOR HER TWO MINOR CHILDREN; RESPONDENT BLAMES EVERYONE ELSE FOR HER PROBLEMS; AFFIANT HAS PROVIDED A HOME FOR RESPONDENT AND HER CHILDREN FOR THE PAST 15 YEARS; RESPONDENT HAS TWO MINOR CHILDREN WHICH SHE IS UNABLE TO PROPERLY CARE FOR DUE TO HER DRUG/ALCOHOL ABUSE AND OTHER MEDICAL/MENTAL HEALTH CONDITIONS; RESPONDENT'S TWO MINOR CHILDREN ARE CARED FOR BY THEIR GRANDFATHER; RESPONDENT IS DELUSIONAL AND HAS CALLED POLICE ON HER FATHER SEVERAL TIMES CLAIMING HE HAS PHYSICALLY ASSAULTED HER WHICH IS UNTRUE; AFFIANT BELIEVES RESPONDENT HAS RECEIVED OUTPATIENT SERVICES THROUGH REGION IV AND POSSIBLY INPATIENT SERVICES AT PARKWOOD; RESPONDENT HAS POOR INSIGHT AND JUDGEMENT CONCERNING HER DRUG/ALCOHOL ABUSE; RESPONDENT HAS LOST THE POWER AND SELF-CONTROL WITH REGARDS TO DRUGS/ALCOHOL; RESPONDENT IS CURRENTLY A POTENTIAL DANGER TO HERSELF AND OTHERS AND IS IN IMMEDIATE NEED OF INPATIENT TREATMENT.

SWORN TO AND SIGNED BY MY HAND this the 25th day of August, 2021.

Phyllis Buchanan
AFFIANT (relative and/or interested person)

SWORN TO AND SUBSCRIBED BEFORE ME this the 25th day of August, 2021.



Lisa Denise Johnson
NOTARY PUBLIC

PATIENT INFORMATION

Patient Name: LAURA R. HENDRIX Social Security Number: _____

First Middle Maiden Last

Address: _____

Home Phone: _____ Work Phone: _____ DOB: _____ Sex: F

County of Residence: Desoto County of Commitment: Desoto
(If different from County of Residence)

PATIENT DEMOGRAPHICS & BACKGROUND INFORMATION

Race: 1. Asian 2. Black/African American 3. Indian/Native American (4) White/Caucasian 5. Other: _____

Religion: 1. Buddhist 2. Catholic 3. Hindu 4. Islamic 5. Jewish (6) Baptist 7. Methodist 8. Presbyterian
9. Christian Scientist 11. Jehovah's Witness 12. Unknown 13. None 14. Other: _____

Marital Status: 1. Divorced 2. Married 3. Separated (4) Single 5. Unknown 6. Widowed

Name of Spouse: _____ Number of Dependents: 2
(If applicable)

Household Composition: 1. Lives Alone 2. With Spouse 3. With Parents 4. With One Parent 5. With Children
(Circle all that apply) 6. With Siblings 7. With Relatives 8. With Legal Guardian 9. Other: Boyfriend till recently

Residential Arrangements: (1) Private Residence 2. Other Independent Residence 3. Homeless 4. Institution
(Circle all that apply) 5. Community Program 6. Correctional Facility 7. Other: _____

Education: (Circle highest level completed) 1 2 3 4 5 6 7 8 9 10 11 (12) 13 14 15 16 17 18 Other: _____

Veteran: _____ Presently Employed?: No Occupation: _____

Employer: _____ Length of Employment: _____

Name of Father: JACKIE HENDRIX Name of Mother: PHYLLIS BUCHANAN
(Maiden Name)

Place of Birth: MEMPHIS TN USA Language: ENG.
City County State Country

PATIENT'S CRIMINAL HISTORY

Legal Charges Pending: Yes ✓ No _____ Where? OLIVE BRANCH, DESOTO COUNTY

Describe: SIMPLE ASSAULT (misdemeanor)

Criminal History: NONE?

CORRESPONDENT INFORMATIONCorrespondent Name: PHYLLIS BUCHANAN Relationship to Patient: MOTHERAddress: [REDACTED]
City State ZipPhone No: [REDACTED] Please state if Guardianship/Conservatorship: _____**PROBLEM APPRAISAL**

(Please check all that apply)

PHYSICAL FUNCTION DISTURBANCES

- ☐ SLEEP
☐ EATING
☐ ENURESIS/SOILING
☒ SEIZURES/CONVULSIONS
☒ EMOTIONAL
☐ SPEECH ARTICULATION
☐ OTHER PHYSICAL PROBLEMS

INTELLECTUAL DEVELOPMENT

- ☐ INADEQUATE

SOCIAL RELATIONS DISTURBANCES

- ☐ WITH CHILD
☐ WITH MATE/SPOUSE
☒ WITH OTHER FAMILY
☒ WITH OTHER PEOPLE

SOCIAL PERFORMANCE DISTURBANCES

- ☒ JOB
☐ SCHOOL
☐ HOUSEKEEPING
☐ BEHAVIORAL

TYPE OF COMMITMENT

- ☐ VOLUNTARY
☒ COURT ORDER

HANDICAPPING CONDITION

- ☐ BLIND or ☐ VISUAL IMPAIRMENT
☐ DEAF or ☐ HEARING IMPAIRMENT
☐ NO SPEECH or ☐ SPEECH IMPAIRMENT
☐ NONAMBULATORY
☐ OTHER PHYSICAL CONDITION
☐ LEARNING DISABILITY
☐ MENTAL RETARDATION
☐ OTHER MENTAL CONDITION

OTHER SIGNS AND SYMPTOMS

- ☐ SUICIDAL THREATS
☐ SUICIDAL THOUGHTS
☐ SUICIDAL GESTURES
☒ ANXIETY/FEARS/PHOBIAS
☐ STOP TAKING MEDICATIONS
☐ MANAGEMENT PROBS AT HOME
☐ OBSESSIONS/COMPULSIONS
☐ DEPRESSED MOOD/INFERIORITY
☐ SOMATIC CONCERNS
☐ SOCIAL WITHDRAWAL/ISOLATION
☐ DEPENDENCY/CLINGING
☐ GRANDIOSITY
☐ SUSPICION/PERSECUTION
☐ HALLUCINATIONS
☐ DELUSIONS
☒ ANGER/BELLIGERENCE
☐ NEGATIVISM
☐ ASSAULTIVE THREATS
☐ ASSAULTIVE ACTS
☐ ALCOHOL ABUSE
☐ NARCOTIC/OTHER DRUG ABUSE
☐ SEXUAL PROBLEMS
☐ ANTISOCIAL ATTITUDES/ACTS
☒ AGITATION/HYPERACTIVITY
☐ DISORIENTATION/IMPAIRED MEMORY
☐ SPEECH DISORGANIZATION
☐ SLOWED UP/LACK OF EMOTION
☐ INAPPROPRIATE AFFECT/BEHAVIOR
☐ INAPPROPRIATE APPEARANCE
☐ DAILY ROUTINE/LEISURE TIME IMPAIRMENT
☐ PSYCHOMOTOR RETARDATION
☐ OTHER: _____

Observations made by: MOTHER PHYLLIS BUCHANAN Relationship to Patient: MOTHERSubstance Abuse: Drugs ? Alcohol ?

(Please state types of drugs/alcohol abused if known)

PATIENT'S MEDICAL HISTORYCurrent medications: BP MEDSAllergies: _____ Previous Surgery: NECK TUMOR REMOVED
TUMOR REMOVED FROM BREASTPhysical Impairment: 1. Deafness/Severe Hearing Loss 2. Blindness/Severe Vision Loss 3. Nonambulatory
(Please circle all that apply) 4. Ambulatory Only With Assist. Device 5. Unable to Communicate with Verbal Speech
6. Traumatic Brain Injury 7. Major Medical Condition: _____
8. Other Physical Condition: _____ 9. Unknown 10. Not ApplicableMental Impairment: 1. Learning Disability 2. Mental Retardation 3. Other Mental Condition: _____
(Please circle all that apply)

Current Physical Conditions:

Acute Medical Conditions:

Diabetes: _____
Hypertension: _____
Emphysema: _____
Venereal Disease: _____
Heart Condition: _____
Tuberculosis: _____
Convulsions/Seizures: ✓
Cancer: _____
Contagious Disease: HIV -
Other Chronic Illness _____
(Please State)_____

Family Physician: _____

Address: _____

Patient's Prior Treatment (Please circle all that apply, & state name of facility and dates):

1. None
2. Unknown
3. MS State Hospital: _____
4. Other State Hospital: _____
5. Alcohol/Drug Treatment Center: _____
6. Community Mental Health Center: _____
7. Institution for Mentally Retarded: _____
8. Other Psychiatric Facility: _____
9. Other: _____

PATIENT'S INSURANCE INFORMATION

Medicare Number: _____	Medicaid Number: _____
Third Party Insur.: _____	Name of Insured: _____
Name of Employer: _____	Group Number: _____
Contract Number: _____	If veteran, amount of compensation: _____

PATIENT INFORMATION, CONTINUED

List of any medications received by the patient, and time administered:

Any history of seizures, hypotension, hypoglycemia, or other conditions that increase the risk of falls:

SEIZURES

Any other medical or physical condition that might increase the risk of falls that is not included on the pre-admission information:
